No. C 200992		Due no later than Jan 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		THOMAS J HOLMES			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.		203 S GARFIELD POCATELLO ID 83204			
		HEARTBURN INSTITUTES OF AMERICA, INC. THOMAS J HOLMES PO BOX 967 POCATELLO ID 83204		3. New Registered Agent Signature:*			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR W. KIRK BIRKENHAGEN, M.D.		1151 HOSPITAL WAY, BUILDING D, S'	T. POCATELLO	ID	USA	83201	
5. Organized Under the	he Laws of:	6. Annual Report must	be signed.*				
ID		Signature: Thomas J. Holmes		Date: 11/16/2015			
C 200992		Name (type or print): Thomas J. Holmes		Title: agent/attorney			
Processed 11/16/2015	5	* Electronically provided	signatures are accepted as original sign	natures.			